

MEMORANDUM FOR: All OTR Unit Chiefs

STATINTL

FROM: [REDACTED]
Chief, Plans and Resources Staff
SUBJECT: Documents Forwarded to or from Field
Stations, Based on OTR Requirements

1. A DDA Task Force named CRAFT, Clandestine Records Application Field Terminal, is seeking to identify items that result in paper flow to, from, and between field stations. This action is being taken preparatory to determining what would be involved in automating correspondence to field stations and bases.

2. OTR has been asked to participate in this exercise and to identify paperwork, correspondence, reports, etc., which are generated because of regulations/requirements peculiar to OTR.

3. Please complete the attached form identifying all OTR correspondence/reports peculiar to OTR and forward the completed forms to C/PRS by 4 November 1977. It will be necessary to duplicate the attached forms in order to report separately on each type of correspondence applicable to your unit.

[REDACTED] STATINTL

Attachment

Distribution:

Orig & 1 - Each OTR Unit Chief
2 - OTR/PRS
1 - TAP

STATINTL OTR/PRS/[REDACTED] (31 Oct 77)

1. Identify report, correspondence, regulation, data, etc. by name and briefly describe purpose.

2. Prepared by:

Headquarters (Name Component)
Field station (all stations , only class , only stations in Division)
External (covert asset , liaison , other U.S. Agency)

3. Destination:

Headquarters (Name Component)
Field station (all stations , only class , only stations in Division)
External (covert asset , liaison , other U.S. Agency)

4. Source of requirement:

Legal (U.S. Law)
Regulation
Notice
Instruction
Agreement (describe)
Special (describe)
Operational development
Other (specify)

5. Type of information conveyed:

Primarily narrative
Narrative and numeric
Primarily numeric
Other (specify, e.g. photo)

6. Sensitivity:

Routine
 RYBAT
 P&L
 Special Clearance (codeword, etc.)

7. Format:

Free
 Prescribed
 Preprinted form

8. Frequency of preparation:

<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Biweekly	<input type="checkbox"/> Semiannually	

9. Mode of transmission:

Pouch
 Telepouch
 Cable

10. Page size:

<input type="checkbox"/> 8-1/2 x 11	<input type="checkbox"/> Card
<input type="checkbox"/> 8-1/2 x 14	<input type="checkbox"/> Other (specify) _____

11. Average message length:

<input type="checkbox"/> 1-2 pages	<input type="checkbox"/> 9-10 pages
<input type="checkbox"/> 3-4 pages	<input type="checkbox"/> 11-25 pages
<input type="checkbox"/> 5-6 pages	<input type="checkbox"/> other (specify) _____
<input type="checkbox"/> 7-8 pages	<input type="checkbox"/> Highly variable

12. Mode of retention:

Paper
 Film
 Digital

13. Automated system in which currently processed and/or stored, if any. Specify system by name. _____

14. Desired time of retention at Headquarters:

<input type="checkbox"/> 2 weeks or less	<input type="checkbox"/> 4-6 months
<input type="checkbox"/> 1 month	<input type="checkbox"/> 7-12 months
<input type="checkbox"/> 2-3 months	<input type="checkbox"/> Other (specify) _____

15. Desired time of retention in the Field:

<input type="checkbox"/> 2 Weeks or less	<input type="checkbox"/> 7-12 months
<input type="checkbox"/> 1 month	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> 4-6 months	

16. Foreign text:

<input type="checkbox"/> Usually	
<input type="checkbox"/> Occasionally	
<input type="checkbox"/> Never	

17. Frequency of access by Headquarters:

<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly
<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Biweekly	<input type="checkbox"/> Semiannually
	<input type="checkbox"/> Annually
	<input type="checkbox"/> Other (specify) _____

18. Frequency of access by the field (station personnel , covert asset , liaison , other Agency):

<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly
<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Biweekly	<input type="checkbox"/> Semiannually
	<input type="checkbox"/> Annually
	<input type="checkbox"/> Other (specify) _____

OFFICIAL ROUTING SLIP

	NAME AND ADDRESS	DATE	INITIALS
1	Deputy Director for Administration		
2			
3			
4			
5			
6			
ACTION	DIRECT REPLY	PREPARE REPLY	
APPROVAL	DISPATCH	RECOMMENDATION	
COMMENT	FILE	RETURN	
CONCURRENCE	INFORMATION	SIGNATURE	

Remarks: Attached are copies of the S&I Staff's report on [REDACTED] the Agency's training program. We request that the report be reviewed and that comments be prepared and forwarded to this office by COB Friday, 8 April 1977.

We suggest that your comments be focused on pointing out errors of fact, if any, and on those areas in which you disagree with the S&I Staff's interpretations, conclusions, and recommendations. With respect to the latter, comments we send to the House Appropriations Committee on the report will be considerably strengthened by relatively detailed treatment of our reasons for disagreement. I gave the report a rather superficial review over the weekend and am now going through it again in (Over)

(Over)

FOLD HERE TO RETURN TO SENDER

FOLDED HERE TO		AND PHONE NO.	DATE
		C/AG/O/Compt.	4/4/77
UNCLASSIFIED	CONFIDENTIAL	SECRET	

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